STRYKER PRODUCTIONS
www.StrykerProductions.com
661-297-4716

Last Name_____ Estimated Pick-up Time _____am/pm

DVD Order Form

Order Date ____/____/____

Event:

Title of Number	Routine #.	$
Photo Numbers	Studio	#
Montage		
Professional reel		
TOTAL		

Event City	
Studio Name	
Dancer's Name	
Your Name	
Address	
City	
State	
Zip Code	
Phone #	
Email	

Cash

AMMOUNT PAID _____ CHANGE GIVEN _____

Check

CHECK NUMBER _____ DRIVERS LICENS NUMBER _____

Credit Card

Billing Name:_____ **Visa**
Billing Address if Different **MC**

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXP: ☐☐ - ☐☐ **SID** ☐☐☐

Signature: X_____

I authorize Stryker Productions, LLC **to charge my credit card for the amount listed in the TOTAL box at the left.**

Studio Package $_____

Delivered / Mailed: ___ / ___ ___ : ___ **am/pm**

Studios may only order routines from their own studio. All orgers MUST be aurtorized by that studio. By signing below, I am stating that I am ordering in good faith with this policy.

Signature: X_____

HAVE YOU HEARD ABOUT OUR DEMO REELS SERVICE?

VISIT US ONLINE:
WWW.STRYKERPRODUCTIONS.COM

OUR PARTNERS:

Triple threat

YOUR ONLINE VIRTUAL AGENT!
STAGE DOOR ACCESS.com

PICK UP RECIEPT

NAME _____ NUMBER OF ITEMS _____

EMAIL _____ PAID _____

NAME AND EMAIL MUST MATCH ORDER FORM, MUST HAVE THIS RECIEPT FOR PICK UP.